



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT CLAY HOSPITAL

City of Hospital: Brazil

Year Begin: 07/01/2017 (mm/dd/yyyy format)

Year End: 06/30/2018 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 151309

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$4760306
Outpatient Patient Service Revenue	\$55749118
Total Gross Patient Service Revenue	\$60509424

2. Deductions From Revenue

Contractual Allowance	\$41627341
Other Deductions	\$989486
Total Deductions	\$42616827

3. Total Operating Revenue

Net Patient Service Revenue	\$17892597
Other Operating Revenue	\$196521
Total Operating Revenue	\$18089118

4. Operating Expenses

Salaries and Wages	\$4361586	Employee Benefits	\$1362305
Depreciation and Amortization	\$820147	Interest Expense	\$272515
Bad Debt	\$0	Other Expenses	\$11067948
Total Operating Expenses	\$17884501		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$204617	Total Assets	\$13679483
Net Non-operating Gains over Loss	\$-19008	Total Liabilities	\$11722749

Total Net Gains	\$185609
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$25456599	\$17868355	\$7588244
Medicaid	\$15646293	\$13918727	\$1727566
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$19406532	\$10829745	\$8576787
Total	\$60509424	\$42616827	\$17892597

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$35674	\$-35674
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$52305	\$-52305

Number of Medical Professionals Trained	\$112
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$538

Statement Six: Charity Statement
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Hospital Charity Charges	\$4487785
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1241761	
HCI Payments	\$0		
Subtotal	\$0	\$1241761	\$-1241761
Medicaid Shortfalls	\$1727567	\$5308493	
Subtotal	\$1727567	\$6550254	\$-4822687
DSH Payments	\$0		
Subtotal	\$1727567	\$6550254	\$-4822687
Medicare Shortfalls	\$7114226	\$7043788	
Other Government Programs	\$0	\$0	
Total	\$8841793	\$13594042	\$-4752249

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$45083	\$-45083
Community Assessment	\$0	\$49374	\$-49374
Provision of Taxes	\$0	\$979196	\$-979196
Other Allocations	\$0	\$0	\$0

Comments